

Quality Assurance and Records Management

Public Record Request

PERSONNEL RECORD OF: _____ EMPL. ID-IF KNOWN _____

NAME OF REQUESTOR: _____

REPRESENTING: _____

BUSINESS ADDRESS: _____

PHONE: _____

OR

HOME ADDRESS: _____

PHONE: _____

ID PRESENTED: _____ REC. EMPL. INITIALS: _____

SIGNATURE: _____ DATE: _____